

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 148339

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5178		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY CAMDEN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAMDEN			
b. CITY (If outside corporate limits, write RURAL and give township) SUNRISE BEACH MO		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) SUNRISE BEACH MO		d. STREET ADDRESS (If rural, give location) Jasper Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION SUNRISE BEACH MO.				d. STREET ADDRESS SUNRISE BEACH MO.			
3. NAME OF DECEASED (Type or Print) FLORENCE		a. (First)		b. (Middle) A.		c. (Last) CHASTAIN	
4. DATE OF DEATH MAY 16 1955		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH SEPT 21, 1886		9. AGE (In years last birthday) 68		10. MONTHS 8		11. DAYS 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OREGON COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WILLIAM CAMPBELL		13b. MOTHER'S MAIDEN NAME FRANCES CHARK		14. NAME OF HUSBAND OR WIFE J.E. CHASTAIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WILLA L. ECUYER		18. ADDRESS SUNRISE BEACH MO.		19. INTERVAL BETWEEN ONSET AND DEATH 6 months	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from July 1954 to May 16, 1955, that I last saw the deceased alive on May 15, 1955, and that death occurred at 11:35 p.m., from the causes and on the date stated above.		23a. SIGNATURE Jack Gunn M.D. Versailles, Mo.	
23b. ADDRESS		23c. DATE SIGNED 5-16-55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 18 1955	
24c. NAME OF CEMETERY OR CREMATORY BRIDGES CEMETERY		24d. LOCATION (City, town, or county) KASHKONG MO.		25. FUNERAL DIRECTOR'S SIGNATURE James R. Scrivner		25b. ADDRESS Versailles, Mo.	
DATE REC'D BY LOCAL REG. May 17-1955		REGISTRAR'S SIGNATURE Zelpha Drow 42-0		25c. FUNERAL DIRECTOR'S SIGNATURE		25d. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 27 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James R. Scrimin

Licensed Embalmer No. 4880

P. O. Address VERSAILLES Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.